

Darleen Gegich, M.A., LPC

CONSENT FOR RELEASE OF INFORMATION

I, the undersigned, on this date hereby consent and authorized Darleen Gegich to exchange any and all information requested by the individual listed below. I acknowledge and understand that I am waiving my right to confidentiality with respect to the records and information, and I hereby release Darleen Gegich from any and all liability arising from release of the information and records requested.

SIGNED this _____ day of _____, 20_____.

Information to be released to: _____

Address: _____

Telephone Number: _____

Client/Parent or Guardian

Address

City and State

Telephone Number

Social Security Number

Date of Birth